



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: SCOTT COUNTY MEMORIAL HOSPITAL

City of Hospital: Scottsburg

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 151334

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$12431000	Contractual Allowance	\$6587000
Outpatient Patient Service Revenue	\$46518000	Other Deductions	\$25463000
Total Gross Patient Service Revenue	\$58949000	Total Deductions	\$32050000

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$26899000
Other Operating Revenue	\$629000
Total Operating Revenue	\$27528000

4. Operating Expenses

Salaries and Wages	\$8819000	Employee Benefits	\$2801000
Depreciation and Amortization	\$2461000	Interest Expense	\$0
Bad Debt	\$7059000	Other Expenses	\$8767000
Total Operating Expenses	\$29907000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2378000	Total Assets	\$26956000
Net Non-operating Gains over Loss	\$63000	Total Liabilities	\$5065000
Total Net Gains	\$-2315000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$22498000	\$14471000	\$8027000
Medicaid	\$12214000	\$7816000	\$4398000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$24237000	\$9763000	\$14474000
Total	\$58949000	\$32050000	\$26899000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$60000	\$60000	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from	Less Costs to	Unreimbursed Costs
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	Clients	Hospital	to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$596,000		
Subtotal	\$596000	\$0	\$596000
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$596000	\$0	\$596000

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0